

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105423

1. Entity Name

SALMER ENTERPRISES, INC.

Principal Place of Business

PO BOX 1568
TAMPA FL 33601

Mailing Address

PO BOX 1568
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3402723

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANSKY, GLEN R
313 E ROBERTSON STREET
BRANDON FL 33511

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SALZMAN, JACK
STREET ADDRESS 1806 W. HILLS AVE., #3
CITY-ST-ZIP TAMPA FL 33606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4709 W. Fielder St.
CITY-ST-ZIP Tampa FL 33611

TITLE D ☐ Delete
NAME KRAMER, MICHAEL
STREET ADDRESS 624 TROPICAL BREEZE WAY
CITY-ST-ZIP TAMPA FL 33602

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4702 W. Euclid
CITY-ST-ZIP Tampa FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Salzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK SALZMAN
PRESIDENT

4/11/01

Date

813-789-4917

Daytime Phone #

CR2E034 (10/00)

03383390

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90062 032 ***158.75

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DO NOT WRITE IN THIS SPACE